

# Attitudes of Married College Students on Overpopulation and Family Planning

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THE growing concern about the increase in population has caused increased interest in the family planning practices of various ethnic and socioeconomic groups and in the attitudes of these groups toward overpopulation as an international problem. Planned Parenthood-World Population-San Francisco has conducted extensive surveys in the Chinatown and Hunter's Point areas of San Francisco so that the family planning needs of the residents of these communities might be better met. The people of these regions are limited largely not only to definite ethnic groups but also to low socioeconomic levels.

Planned parenthood was concerned, therefore, that it might be overlooking the family planning needs of other segments of San Francisco's population and felt it worthwhile to assess the attitudes toward contraception and risk of overpopulation of two groups of married students. Commonly, these groups, although possessing limited economic resources as students, would within a few years of graduation, take a place in the middle and upper-middle socioeconomic levels.

In addition, planned parenthood, which has

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long realized that the physician is largely responsible for supplying the public's birth control needs, believed that it would be valuable to investigate the attitudes of prospective physicians toward family planning and to compare these attitudes with persons outside the medical field.

San Francisco State College and the University of California School of Medicine in San Francisco offered excellent opportunities to investigate attitudes of students and make comparisons between two groups. Both schools have relatively large numbers of married students, and these students live near one another and close to their respective schools, many in housing provided for married students by the institution.

This proximity reduced the problem of logistics for the proposed survey. It was then necessary to devise an appropriate questionnaire, select couples from the married students at the two schools, interview those selected, and tabulate the results.

## The Questionnaire

The questionnaire would provide a standardized method of recording biographical data and family size aspirations and of assessing determinants of family size and degree of concern about population growth. Many of the questions were provided by Bogue, and his sug-

gestions for question sequence were helpful (1). It was not possible or necessary to use all of Bogue's variables. Only those directly applicable to the purposes of the survey and student population were adopted. Such questions came from his sections on "motives for and against birth control in various cultures," "ideals of reproduction," "the basic fertility attitudes," and "perception of the population problem."

Each interviewer was given the same set of written instructions outlining interview methods, and each conducted trial interviews with two couples of his choosing to develop his interviewing technique and to obtain a working evaluation of the questionnaire. Results of the preliminary interviews were reviewed before initiating the actual study, and some minor changes were made in the questionnaire and the interviewing methods.

In all interviews, questions were read by the interviewer who recorded verbatim replies to the open-ended questions. Each interview took from 30 to 45 minutes. Husbands and wives were interviewed separately where they could not hear one another's replies. Usually a male interviewer talked with the husband while a female interviewer talked with the wife in another room. Infrequently, the husband and wife were interviewed separately by a single interviewer.

### **The Sample**

A list of 120 names of San Francisco State College students living in married students' housing was obtained from the school's housing office. From the University of California School of Medicine's Office of Student Affairs, a list of 32 married third-year medical students was obtained. Only third-year medical students were asked to participate because considerably more medical students marry in their third and fourth year than in the first or second year.

Students from the fourth year class were excluded because one interviewer had several personal acquaintances in that group. Letters were written to each couple on both lists describing the survey, asking for their cooperation, and informing them that a representative of Planned Parenthood would telephone if they were selected for the study and ask for an appointment for an interview in their home.

The lists of names in each group were then alphabetized and assigned numbers. The numbers, representing couples, were then written on identical slips of paper which were mixed and drawn at random. As a number representing a couple was drawn, that couple was asked to participate. If they consented, an appointment for an interview was made. If they refused or could not be reached by telephone, they were excluded from the study.

This process of selection was continued until 20 couples in the San Francisco State College group and 20 couples in the University of California Medical School group had consented to interviews. Only two couples from the university and four from the State college declined to be interviewed. More commonly, failure to make an appointment for an interview resulted when a couple could not be reached by telephone after several attempts. Interviews were conducted for 6 weeks usually in the evening during August and September 1968.

### **Coding Questionnaire Data**

After all 40 couples had been interviewed, coding of the data from the 80 questionnaires was begun. We decided to compare not only the responses of the medical students and their wives to those of the State college students and their wives but also to compare persons who wanted small families (two or fewer children) with those who expressed the intention of having large families (four or more children). For some questions, such as number of children expected, responses of couples were compared; for others, such as ideal number of children in the average American family, we felt it valuable to compare the responses of husbands and wives in each group; for most questions, however, responses of persons rather than of couples, without regard to sex, were tabulated.

Open-ended questions were coded by recording all responses to an item on a single large sheet and grouping together those which were similar. This procedure resulted in a large number of categories for some questions, but we felt that it was better to record the full range of statements than to create a few artificially broad categories.

For several items only the first statement was coded and tabulated. For those questions which

evoked much comment from respondents, all statements were coded and tabulated. Two persons independently coded each item to improve the reliability of the statement's category assignment.

## Results

Important differences between the State college and medical students were apparent in the answers to biographical questions. The most significant of these were that all State college couples had children, although only two of the 20 university couples had children and that, on the average, the university students expected

an annual income of \$10,000 more than that expected by the State college students in 10 years. Another important difference between the groups was that 50 percent of the university couples expected to have four or more children while less than 20 percent of the State couples expected to have that many (table 1). This difference was an important influence on the large family and small family groups because the large family group was thus composed of more than 75 percent university students or their wives and the small family group contained 70 percent State college students and their wives.

**Table 1. Attitudes of married students of San Francisco State College and University of California School of Medicine toward family size**

Question	Number of children, in percent							Mean number of children
	1	2	3	4	5	6	7 or more	
How many children do you expect to have in all?								
State college couples:								
Husband.....	40	50	10	-----				2.8
Wife.....	30	50	20	-----				3.0
University medical students:								
Husband.....	22	28	50	-----				3.1
Wife.....	22	28	50	-----				3.1
What is the ideal number of children for the average American family?								
State college couples:								
Husband.....	51	26	16	-----				2.5
Wife.....	49	27	18	-----				2.5
Large family group.....	77	15	8	-----				2.2
Small family group.....	0	40	60	-----				3.7
University medical students:								
Husband.....	42	37	14	-----				2.6
Wife.....	44	29	12	-----				2.5
Large family group.....	67	33	0	-----				2.2
Small family group.....	31	54	15	-----				2.5
How many children comprise a large family?								
State college couples:								
Husband.....			35	43	7	14		5.5
Wife.....			15	43	28	15		5.7
University medical students:								
Husband.....			30	30	30	10		5.2
Wife.....			20	25	30	25		5.8
Small family group.....			50	25	25	0		4.7
Large family group.....			11	6	39	44		6.6
How many children comprise a small family?								
State college students:								
Husband.....	43	50	7	-----				1.6
Wife.....	25	67	8	-----				1.5
University medical students:								
Husband.....	58	37	5	-----				1.5
Wife.....	45	43	12	-----				1.7
Small family group.....	30	60	10	-----				1.7
Large family group.....	17	72	11	-----				2.1

NOTE: Students were classified into small family group (wanted 2 or fewer children) and large family group (wanted 4 or more children).

Both groups felt that two or three children was the ideal size for the average American family—the mean being 2.5 for both. More university husbands and wives (38 percent compared with 5 percent of State college students), however, felt this was an ideal size because such families would not compound the population problem. State college students were somewhat more likely (40 percent compared with 20 percent) to cite economic reasons.

The couples from the two groups reacted similarly when asked to mention advantages and disadvantages of large and small families. The husbands and wives from the medical school, however, tended to be more concerned about

their children's social development if deprived of sibling contact; that is, that they would not learn to get along with others and that they would be spoiled.

When discussing reasons for friends' decisions regarding family size, 18 percent of the medical students or their wives mentioned overpopulation as a reason their friends wanted small families—no State college husbands or wives mentioned this reason. When personal reasons about family size decisions were recorded, however, only 8 percent of the medical students or their wives said that the difficulties of overpopulation influenced them. For the university group the most frequently mentioned

**Table 2. Reasons why overpopulation is or is not a problem and its future effects as given by San Francisco State College and University of California School of Medicine married students**

Question	State college students		University medical students		Small family group		Large family group	
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent
Why is overpopulation a problem in the United States? <sup>1</sup>								
Poor people have more children than they can support.....	11	28	14	35	5	25	8	45
Environment is too crowded.....	11	28	11	28	9	45	3	17
Not enough knowledge about contraceptives.....	3	8	2	5	1	5	2	11
Growth of U.S. population adds to world population problem.....	0	-----	2	5	0	-----	0	-----
Too many Americans use up world and U.S. resources.....	1	3	0	-----	0	-----	0	-----
Growing population has changed our cultural values.....	3	8	1	3	1	5	0	-----
Too many people to educate or employ.....	1	3	4	10	2	10	0	-----
Why isn't overpopulation a problem in the United States? <sup>1</sup>								
Contraception readily available to all.....	1	3	0	-----	0	-----	1	6
Still much unoccupied U.S. land.....	3	8	0	-----	1	5	1	6
Only a problem in the United States among the poor.....	1	3	1	3	0	-----	1	6
Still untapped U.S. resources.....	3	8	5	12	0	-----	2	11
How do you think overpopulation might affect you or your children in the future? <sup>2</sup>								
Increased environmental crowding.....	21	53	16	40	14	70	9	50
Decreased opportunity for recreation.....	3	8	13	33	6	30	5	28
Greater competition for education and jobs.....	11	28	9	22	3	15	2	11
Increased environmental pollution.....	3	8	3	8	3	15	1	6
Increased taxes to support more poor people.....	1	3	3	8	0	-----	2	11
Population growth elsewhere may affect Americans.....	3	8	7	17	2	10	1	6
Increased social unrest in the United States.....	5	12	6	15	0	-----	4	22
Increased competition for available resources.....	3	8	6	15	8	40	4	22
Decreased personal freedom.....	3	8	4	10	3	15	0	-----
Changes in "quality of life".....	3	8	2	5	3	15	0	-----
Food scarcity.....	3	8	0	-----	1	5	0	-----

<sup>1</sup> Primary statement tabulated.

<sup>2</sup> All statements tabulated.

NOTE: Students were classified into small family group (wanted 2 or fewer children) and large family group (wanted 4 or more children).

personal influence was the size of the family in which the respondent had been reared. The State college group seemed to be influenced by financial reasons to a much greater extent than were the university group (40 percent compared with 10 percent).

When questioned more specifically about the possibility of overpopulation, both groups almost unanimously agreed that it was a problem. Both groups, however, said that the difficulty was that poor people had more children than they could support and that the resulting environmental crowding was related to the problem in the United States (table 2). Of the many solutions proposed for restricting the growth of the U.S. population, both the university and State college groups most often mentioned making contraceptives more readily available and increasing Federal participation in birth control programs.

A majority of both groups felt that overpopulation had already affected them, and the most commonly mentioned effect was environmental crowding. Husbands in both groups were more likely to say that they had been affected than were the wives. When asked about the future effects of overpopulation, 90 percent of the medical students and their wives said that they themselves or their children would be affected, while 85 percent of the husbands from San Francisco State and 65 percent of their wives anticipated future effects of overpopulation.

When respondents from both groups were re-assigned to the small family group (those 20 persons desiring two or fewer children) and the large family group (those 18 persons desiring four or more children), several differences which were not apparent initially between the two groups were observed.

First, 60 percent of the students from San Francisco State College in the large family group felt that at least four children were desirable in the average American family, but only 15 percent of the husbands and their wives from the medical school in the large family group thought the average American family should have four or more children. As one might expect, persons who planned to have a large family tended to define a large family as having six or seven children, but those plan-

ning to have a small family considered four or five children to be a large family (table 1).

Those who wanted a large family mentioned its financial burden more often than those desiring a small family (72 percent compared with 45 percent), but only 17 percent of the persons wanting a large family said that finances had influenced their personal decisions to have four or more children. Among those couples desiring no more than two children, 45 percent said that financial considerations were primary influences on their choice of family size. Both groups felt, however, that financial reasons were important in influencing their friends' decisions to have small families.

Population growth was felt to be a problem by 90 percent of the small family group and by all the large family group, but fewer (61 percent) of the large family group felt that it was currently a problem in the United States (table 3). Of the 85 percent of the small family group who felt that overpopulation was a problem in the United States, 45 percent felt that environmental crowding was its principal manifestation, but only 17 percent of the large family group mentioned this factor. As shown in table 2, the most frequently mentioned population problem of the United States in the large family group was that poor people had more children than they could support (45 percent).

Of those couples planning to have four or more children, 61 percent believed that greater availability of contraceptives would help restrict the growth of the population in the United States, while only 35 percent of the small family group mentioned such a solution. Those desiring small families were more likely to believe that overpopulation had already and would continue to affect them. This belief was expressed by 95 percent of the persons in the small family group and 78 percent of the large family group. Both groups felt that increased environmental crowding would affect them, and twice as many of the persons in the small family group as persons in the large family group cited competition for available resources as a possible effect.

## Discussion and Conclusions

Among the objectives of the present study was the assessment of the family planning needs of two groups of married students in San Fran-

cisco. All 40 couples interviewed were using some method of contraception other than rhythm. Significantly, there were 10 Catholics in the State college group and five in the medical student group.

The respondents who were Catholics were no more likely to desire large families than were those of other faiths. By far the most popular method of family planning was the oral contraceptive. The results of the study show that these married students were not in need of contraceptive information or devices and were already planning their families.

The results also indicated that these students were, for the most part, aware that overpopulation is a problem both abroad and in the United

**Table 3. Opinions on overpopulation and its future effects, San Francisco State College and University of California School of Medicine married students**

Question	Yes		No	
	Num- ber	Per- cent	Num- ber	Per- cent
Is overpopulation currently a problem in the United States?				
State college couples---	29	73	11	37
University medical students-----	34	85	6	15
Small family group----	17	85	3	15
Large family group----	11	61	7	39
Has the growth in population affected you?				
State college couples:				
Husband-----	13	65	7	35
Wife-----	8	40	12	60
University medical students:				
Husband-----	14	70	7	30
Wife-----	10	50	10	50
Small family group----	12	60	8	40
Large family group----	9	50	9	50
Do you think the population growth might affect you or your children in the future?				
State college couples:				
Husband-----	17	85	3	15
Wife-----	13	65	7	35
University medical students:				
Husband-----	18	90	2	10
Wife-----	18	90	2	10
Small family group----	19	95	1	5
Large family group----	14	78	4	22

States. Yet one-half of the medical student couples planned to have at least four children and one-half of the State college couples planned a family of at least three children, although both groups recommended a family size of fewer than three children for the average American family. These couples usually contended "I'll be able to afford to feed and rear as many children as I want so why shouldn't I have them?" Repeatedly during this survey, respondents asserted that overpopulation was largely caused by poor people having more children than they could afford.

Clearly, the threat of overpopulation in the United States cannot be controlled as long as the relatively affluent lay the entire problem on the poor. The task of those who desire to control population growth is, therefore, not only to provide contraceptive information and devices to the poor but to change the basic attitudes of the large segment of our population—in short to make it clear to all Americans that their children are also part of the problem.

Freedman and co-workers (2) noted that economic factors were the most influential in family planning decisions. The present survey of San Francisco State College students and University of California School of Medicine students also indicated that economic considerations are important in planning family size. The medical students, who expected to earn about \$10,000 more per year than did the State college students, also expected to have larger families and expressed somewhat less concern about the economic hardships imposed by such families. Since economic factors are of obvious importance in family size determinations, perhaps economic sanctions should be imposed on those who have large families as recommended by Ehrlich (3).

Finally, the staff of planned parenthood was interested in assessing the attitudes of prospective physicians toward family planning and overpopulation. Although physicians exercise considerable influence in the family planning done by their patients, only two studies (4, 5) have attempted to assess directly the family planning practices of physicians. Both these studies show that the young physicians are likely to discuss and encourage family planning among their patients.

The present survey of students who would be

practicing medicine in 2 years indicated that they were well aware that population growth is a problem in the United States, as well as worldwide, that they personally practiced family planning, but that they often intended to have larger families than they believed ideal for the average American family. If population growth is to be controlled in the United States, physicians, whether or not actually engaged in prescribing contraceptive methods, must use their influence to persuade their patients of the necessity of having fewer children (6). Physicians are not likely to be successful persuaders if they themselves insist on having large families and lay the blame for overpopulation on members of lower socioeconomic classes, rather than encouraging their middle class patients to assume a share of the responsibility.

### Summary

Twenty University of California third year medical students and their wives and 20 students from San Francisco State College and their wives were selected and interviewed to assess their family size aspirations and attitudes toward family planning and the effects of overpopulation. Comparisons were made between the two groups of couples and between those respondents desiring large families (four or more children) and those desiring small families (two or fewer children).

Although on the average, the medical students intended to have more children than did the State college students, both groups desired more children than they felt ideal for the average American family (a mean of 2.5 children). Most of the students felt that overpopulation in the United States was a problem which could

become more severe in the future, but they placed much of the responsibility for the problem on those in lower socioeconomic classes. All couples practiced contraception.

Reasons for desiring large and small families were assessed and categorized. The large and small family groups were noted to differ in their definitions of large and small families. Those desiring large families were somewhat less concerned about the problems overpopulation might pose in the future and less concerned about the financial disadvantages of having a large family.

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### Teasheet Requests

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